

State of Montana
Office of the State Public Defender

SUPPLEMENTAL REQUEST

FOR PRE-APPROVAL OF CLIENT COSTS

MENTAL HEALTH PROFESSIONAL

*The assigned attorney is responsible for keeping the pre-approved costs within the pre-approved amount. If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on this form prior to incurring any additional costs. **It is imperative for the requesting attorney to monitor costs expended to date so as not to delay the supplemental process.***

Date

Task Provider's Name

Requesting Attorney's Name

Case Name

OPD Case Number

Original Pre-Approved Amount (attach copy of pre-approval form) _____

Amount of Supplemental Request for ☐ Evaluation **or** ☐ Testimony (check one) _____

Amount of Supplemental Request for Travel _____

*Note: travel reimbursement is paid at the **current state rate** for mileage, lodging and per diem.*

Revised Total Supplemental Amount Requested _____

Justification for supplemental request, including travel: _____

Have you consulted with the OPD Mental Health Consultant regarding this request?

☐ Yes Date and time of consultation _____

☐ OPD MH Consultant has Reviewed and Concurs with request
(attach documentation or signature)

Requesting Attorney Signature

Date

The Requesting Attorney must complete and forward this form to the appropriate person for approval:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Conflict Coordinator in cases assigned to conflict attorneys
(44 W. Park, Butte MT 59701)

Authorized Signature ☐ Approve ☐ Deny

Date

NOTE: Regional Deputy Public Defenders must submit all requests to the Central Office for approval **regardless of the amount requested.**

The Chief Public Defender will review FTE attorney requests. The Contract Manager will review non-conflict contract attorney requests. The Conflict Coordinator will review conflict contract attorney requests.

For Central Office Use Only

☐ Approve ☐ Deny

Conflict Coordinator/Contract Manager/Chief Public Defender

Date